

**PERTUSSIS DFA AND CULTURE**State Form 9356 (R3/10-07)  
CLIA Certified Laboratory #15D0662599INDIANA STATE DEPARTMENT OF HEALTH  
LABORATORIES  
550 W. 16<sup>th</sup> STREET, SUITE B  
Indianapolis, IN 46202-2203  
(317) 921-5500

PLEASE TYPE OR PRINT LEGIBLY

REQUIRED PATIENT INFORMATION				Name and Address to mail Report To:	
Name (Last)	(First)	Age	Sex	Facility Name	
Address				Address	
City		Zip Code		City	Zip Code
IN		IN			
Attending Physician				Contact Person	
Address				Phone Number ( )	Fax Number ( )

**REQUIRED SPECIMEN INFORMATION**

Date Collected:	Nasopharyngeal (Preferred): <input type="checkbox"/> Yes      Other (please specify):
Was the tube incubated prior to shipment? <input type="checkbox"/> Yes _____ hours <input type="checkbox"/> No	Comments:

**COMMUNICABLE DISEASE STATISTICS**

Date Of Onset:	Antimicrobial Therapy Begun: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, indicate drug:	Date Started:	Date Ended:
Pertussis Vaccination: <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates:		

**DO NOT WRITE BELOW THESE LINES****LABORATORY REPORT**

PRELIMINARY REPORT:	FINAL REPORT:	
Date:		
<input type="checkbox"/> DFA test NEGATIVE	Test Results for Bordetella: <input type="checkbox"/> DFA <input type="checkbox"/> Culture	
<input type="checkbox"/> <i>Bordetella pertussis</i> <input type="checkbox"/> <i>Bordetella parapertussis</i>	<input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <input type="checkbox"/> NO GROWTH	
	<input type="checkbox"/> <i>Bordetella pertussis</i> <input type="checkbox"/> <i>Bordetella parapertussis</i>	
<input type="checkbox"/> DFA test POSITIVE		
<input type="checkbox"/> <i>Bordetella pertussis</i> <input type="checkbox"/> <i>Bordetella parapertussis</i>	<input type="checkbox"/> Unsatisfactory	
<input type="checkbox"/> Further studies in progress; final report will follow	<input type="checkbox"/> Comments	
	Lab Number:	Date Received:
	Date of Final Report:	
	<input type="checkbox"/> Copy to EPI Resource Center	

**PLEASE READ INSTRUCTIONS (on back of form) BEFORE COLLECTING THE SPECIMEN**

## **INSTRUCTIONS**

Fill out completely the upper half of the request form on the reverse side. **TYPE OR PRINT CLEARLY**. The report will be a photocopy returned in a window envelope to the "Name and Address for Report" the patient's physician or other appropriate medical official.

### **SPECIMEN COLLECTION AND TRANSPORT:**

1. To take the specimen, immobilize the patient's head and gently pass the swab through the nostril into the nasopharynx.

### **IT IS NECESSARY TO OBTAIN TWO SPECIMENS FOR EACH PATIENT (USE ONE SWAB FOR EACH SIDE) RATHER THAN A SINGLE ONE**

2. Once the specimens have been taken, prepare 4 smears (**2 SEPARATE SLIDES**) by rolling the swab to cover the entire circle. **Use frosted end of the slide to make smears. Label the slides with patient name.**

### **ROLL SWAB TO MAKE SMEAR ON SLIDE**

3. Place the swabs in the tube containing the semisolid transport media. Be sure to immerse the swab completely in the media. **SNIP WIRE**, and re-cap tightly. **Label the tube with patient name and collection date.**

### **LEAVE SWAB IMMERSED IN THE MEDIA FOR TRANSPORT**

4. **AIR-DRY** the prepared slides. Replace dry smears in plastic slide holder (2 per holder).

When ready to ship, place the slide holder and the inoculated transport media into the metal container and secure the screw cap tightly.

Fold the completed patient submission form in half (bottom and top) and roll it around the metal container. Insert that into the outer cardboard container and securely tighten the screw cap before mailing.

5. It is **RECOMMENDED** to send the specimen to the laboratory **24 hour-next day delivery**. It will insure expedited transport, faster DFA results, and better recovery.

If unable to do so, then incubate the inoculated transport media tube at 35°C or hold refrigerated until ready to mail. Record this information on the front of the form within the comments area of specimen collection.

6. **THE NAME OF THE PATIENT AND THE COLLECTION DATE ARE REQUIRED ON SLIDES (SMEARS SIDE), SLIDE HOLDER AND TRANSPORT MEDIA TUBE. WITHOUT THIS INFORMATION THE SPECIMEN WILL BE CONSIDERED UNSATISFACTORY AND MAY NOT BE TESTED.**

Be sure to give complete patient information including immunization records and antibiotic therapy.

7. **DO NOT USE TRANSPORT MEDIA TUBE IF EXPIRED, BROKEN OR CONTAMINATED.**

8. The ISDH will reserve the right to refuse and /or discard any specimen(s) received in an inadequate or unsafe container.